PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09702667

		s filed -	FILED - PART I				SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)			TYPE		OR	OR SMALL ENTITY	
TOTAL CLAIMS			チ					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			T minus 20=		· 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		9			X40=		OR	X80=	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT		· · · · · · · · · · · · · · · · · · ·			+135=		OR	670	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in column 2		Į	TOTAL	<u> </u>	OR	TOTAL	
	C	LAIMS AS A	MENDED - PART II					ı	<u> </u>	ᆁ .	OTHER	THAN
		(Column 1)		(Colur		(Column 3)		SMALL	YTITM	OR	SMALL	
AMENDWENT A	۰	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 9	Minus	** 28		=		X\$ 9=		OR	X\$18=	
AME	Independent	NITATION OF AN	Minus	***	2 CLAIM	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
	BEST AVAILABLE COPY										TOTAL ADDIT. FEE	· · · · ·
	u _ 4	ADDIT. FEE		٠. د	A0011.7 LCC							
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGHI NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	±	Minus	***		= .		X40=		OR	X80=	
	FIRST PRESE	JLTIPLE DEP	ENDENT	CLAIM		-				-		
										OR	+270=	
		Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE						
		(Column 1)		(Colum	nn 2)	n 2) (Column 3)						
AMENDMENT C	Control of the Contro	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	t	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	endent * Minus *** F PRESENTATION OF MULTIPLE DEPENDENT (CL AIR4	=		X40=		OR	X80=		
<u></u>	LINOI LUESE									OR	+270=	P P
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									Į!	TOTAL	
***	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE is	s less tha	n 3, enter "3."	^	TOTAL DDIT. FEE			ADDIT. FEE	
	The "Highest Num	nber Previously Pai	d For" (Total or	Independe	ent) is the	highest numbe	er four	nd in the app	ropriate box	(in col	umn 1.	